MARGIN RESERVED FOR BINDING

V. S. No. 1

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

state JPA.		CERTIFICATE OF DEATH
= =	1. PLACE OF DEATH	8201
should f	Village or City Pullington	Registration Dist. No.
0	(H	death occurred in a hospitellor institution, give its NAME instead of street and number)
PHYSICIANS ict statement	Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
YSICIANS	2. FULL NAME COULCA OFFICE	LUZIVE AVETIN epecify WAR.
YS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SER 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Pet. />
X A C T l	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jambert A. Borner	22. I HEREBY CERTIFY. That I attended deceased from 1927, to 1937
	6. DATE OF BIRTH (month, day, and year) Och 22 1868	I last saw har alive on O. 17
stated E properly certificate	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
stated proper certifica	67 // 27 ormin.	were as follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER, ASSESSIONER, SAWYER, BOOKKEEPER, etc.	Central apollogy Sussen
may back	9. Industry or business in which	
	SAW MILL, BANK, etc	atimuleum 1920
[-] + O	this occupation (month and 7/987 spent in this 3574	0
so th	12. BIRTHPLACE (city or town) Sandalung (State or country)	Giver Contributory Causes of Importance:
supplied. AGI n terms, so tha ee instructions	13. NAME James J. Ellis	
# 5	7 14. BIRTHBLACE (city or town)	Name of operation Date of
15	(State of country)	What test confirmed diagnosis? Was there an autopsy?
be carefully EATH in pla important.	15. MAIDEN NAME Realy Co. Grafter	23. If death was due to external causes (VIOLENCE) fill in also the following:
cal TH	16. BIRTHPLACE (city or town) authorizing (State or country)	Accident, suicide, or homicide?
	17. INFORMANT	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
should OF D	(Address) W. Vanglon. 18. BURIAL, CREMATION, OR REMOVAL	
₩ .ĕ	Place Cruzyston Date Oct 20, 19 3 3	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER Trans. And Good Made	24. Was disease or injury In any way related to occupation of deceased?
		(Signed) Munity Pouce M.
/	20. FILED Q 19 7	1.00

(Address) Unellington Ma If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 4 1927	July 5, 1927	Peritonitis	3 days ago
SFAIL V. S.			
Other contributory-causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH	
County Reus	Registration Dist. No. 20	1
1 - 1 - 4 - 4 -		
(11	NOSt.,St.,St.,St.,	number)
2. FULL NAME William H Dr	If U. S. Veteran, specify WAR	
(a) Residence: No. January (Usual place of abode)	St., Ward. If nonresident give city or town and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of - (Month) (Oay)	, 193 / (ear)
5a. If married, widowed, or divorced Bugosa Inlands HUSBAND of (or) WIFE of Ethel Brawn and	22. THEREBY CERTIEY. That I attended no mulicipal, to allumen	
6. DATE OF BIRTH (month, dey, end year)	I lest saw h alive on	; daeth Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at 6_ G m.	
63 · 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of Importanca wera as follows:	Oate of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	In Id. le	Get-
9. Industry or business in which work was done, as SILK MILL,	There of Other of	
SAW MILL, BANK, atc	- Fredysia.	19.37
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
13. NAME Thomas. T. Beight 14. BIRTHPLACE (city or town)	Carlyned	1937
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of Equality) Generally	What tast confirmed diagnosis? Wes there an	autopsy?
15. MAIOEN NAME Mary L. Carell	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the followin	g:
15. MAIOEN NAME Mary 2. Cacel C 16. BIRTHPLACE (city or town) (State or country), Level 25 med	Accident, suicida, or homicide? Oate of Injury Where did injury occur?	
17. INFORMANT Late Dances (Address) World RTR	(Specify city or town, county and Sta Spacify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PI	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place Toursand moderate all 16 ,193/	Natura of injury	
19. UNDERTAKER BRADILOWS	24. Was disaasa or injury in any way related to occupation of dacaased?	7
(Address)	(Signat) Sand Smith	trem n
20. FILEO Registrar.	(Address) Mushulanon o	22×

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified. Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis // L.	//1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:	el filosof	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

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shor	Vill
NS NS	Len
Eve CIA teme	2. FUI
RD. YSI stal	262
PH PH ract	262 PE
Y. Es	J. DEA
7, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should H in plain terms, so that it may be properly classified. Exact statement of OCC rtant. See instructions on back of certificate.	5a. II merr HUSB (or) V
ERI EX y cl	6. DATE O
S A P ated roperl rtifica	7. AGE
be st be pi of cei	8. Tra
uld uld aay ack	PAT 9. Inc
INK-E short at it mes on be	9. Inc
t, WITH UNFADING INK—THIS IS A PEI arefully supplied. AGE should be stated E I in plain terms, so that it may be properly rtant. See instructions on back of certificate.	12. BIRTHI
NF/ plie rms instr	当 13. NA
H U sup	13. NA 14. BII 15. MA
WIT fully n pla	当 15. MA
are H i	G 16. BI

1. PLACE OF SEATH County Sent	Registration Dist. No. 202
Village or City near Dustilaion	NoSt,Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S.If of foreign birth?yrsmost
2. FULL NAME Learge Durke	
202 Walnut Sti Williams of about	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Cal Cal Cal OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II merried, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased Ire
6. DATE OF BIRTH (month, day, and year) June 16 1892	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 4 m.
4504 3 24 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of one
8. Trade, prolession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc	the total of the gent
9. Industry or husiness in which	7 Manual of James
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11, Total time (years)	- Minor Buckeyout ful on
10. Date deceased last worked at this occupation (month and year) occupation	Face and R aline
	Other Contributory Causes of importance:
(State or country)	Town Head out thate look.
13. NAME George Bushes	Cause empeter much by fire
13. NAME Grange Bushes 14. BIRTHPLACE (city or town) Kanta Cu.	Name of operation
(State of country) Manyland	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	23. II death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide of Cochect Date of injury 46.10, 19.37
(State or country) Manyland	Where did injury occur? A 220 (Specify city or town, county and State)
17. INFORMANT AM. Alle Ampen (Address) 107 Poplar is held	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Gulling
Place The Date Det 12, 193	- Nature of Injury Franchiced Sheel
TY UNDERTAKER Maries & Williams	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Auctivin Manylynel	If so, specify of the specific
20. FILED Oct 1/ 19.37 W J. Kicks	(Signed) rauf for famille contract M.
Registrar.	(Address) Calsulaion . Mr

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
2		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
38.201		
-7-67-6		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIA
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AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 N. B.

PHYSICIANS should state

of OCCUPA.

Exact statement

1. PLACE OF DEATH	
County / First	Registration Dist. No. 202
Village or City Pulles force	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) S. J. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James I. Bulling (a) Residence: No. Bulling and	If U. S. Veteran, specify WAR St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrightha word) Manual	21. DATE OF DEATH Oct 20 4 19337
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Many R. Bullin	22. Oct 19 1937, to 0 1 21 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) May 8 C2 14 A Days 15 LESS than 1 day,hrs. ormin. 11. Total tima (years) spent in this occupation occupation 12. BIRTHPLACE (city or town) (State or country) May 8 C2 11 LESS than 1 day,hrs. ormin.	I last saw bus aliva on Oct 1, 193; daath is said to have occurred on the data stated above, et 1234 m. The PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows: Date of onset 10/193: Other Contributory Causes of importanca: Archives Contributory Causes of importanca: Archives Contributory Causes of importanca:
13. NAME Samuel Bullie 14. BIRTHPLACE (city or town) Bulliebin (State or country) Kint (a.) mid 15. MAIDEN NAME Many Brown 16. BIRTHPLACE (city or town) Words (State or country)	Name of oparation Dete of What tast confirmed diagnosis? Was there an autopsy? 23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Accident, suicide, or homicide?
Place Bullulon Com. Date Net 23, 1937 19. UNDERTAKER Thany 6 William	Mannar of injury
20. FILED QC/28, 1987 W. J. Nicks. Registrar.	(Signed) Ah Atam Richmond M. D. (Addrass) Chestriswy Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il you	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis 4 1997	1921	Run over by street car	1 wcek ago
Cerebrol hemorrhoge	July 5,1927	Peritonitis	3 doys ogo
V. 1 24.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL STACE FOR FURTHER STATEMENTS DI THISTO	DITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIA	IN
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A. A. C.	
20	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long In U.S. If of foreign birth? vrs. mos. statement PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBANO of (or) WIFE of CERTIFY That I ettended deceesed from 5 6. DATE OF BIRTH (month, day, end year) certificate 7. AGE Years Months Days If LESS than 1 deyhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) on this occupation (month and spant in th that instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME plain (State or country) What test confirmed diagnosis?. Was there an eutopsy?. HER important. 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in elso the following: MOTI Accident, suicide, or homicide?____ 16. BIRTHPLACE (city on toy DEATH (State or country Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME or in PUBLIC PLACE (Address) OF 18. BURIAL, CREMATION, OR REMOVE Manner of Injury Nature of Injury. 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED. Registrar. (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/100 0 7.//			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis -	1 year

FOR BINDING

IARGIN RESERVED

B.-WRITE PL

V. S. No. 1

1. PLACE OF DEATH		(23)	
County Least.		Registration Dist. No. 204	
Village or City Leave to State Langth of residence in city or town where deeth occurred		No. St., f death occurred in a hospital or institution, give its NAME instead of street and number ds. How long In U.S. if of foreign birth? yrs. mos.	
2. FULL NAME MIANTEN	110 1/07	11	
	1->	If U. S. Veteran, specify WAR	
(a) Residence: No. (Sual place of	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Jemak 2. Color or RACE 5. SINGLE, MARR OR DIVORCED Wilder	(write tha word)	21. DATE OF DEATH (Month) (Day) (Y	(ear)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Olsewa Fuck	at	22. I HEREBY CERTIFY, That I ettended deceas	
6. DATE OF BIRTH (month, day, and year) Seky 10	11402	I last saw h alive on	
7. AGE Yeers Months Days	If LESS than	to have occurred on the date stated above, at 4	
35 / 0	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	ol onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	bristeling		2
this occupation (month and (1/2/) spen	me (years) It in this 9500 pation 9500	Other Contributory Causes of importance:	
13. NAME Thomas Cooks	et.		
13. NAME 14. BIRTHPLACE (city or town)	1-76-	Name of operation Date of	
(State or country)	ne	What tast confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass)	wn md Sister-	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?	
18. BURIAL, CREMOVAL Place Lengulawe Data Dol	20 1937	Manner of Injury	
19. UNDERTAKER (ASSERTED TO THE (Address)	1. mg	24. Was disease or Injury in any way related to occupetion of deceased?	,
20. FILED. Oct 14, 19 57 1 + W. April	ith Registrar.	(Signed) The Company of Charles of State of Charles of	M.B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

llstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICI	AN

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH pluods item of County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town w How long in U.S. if of foreign birth?_____yrs.____mos.. statement PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARK 21. DATE OF DEATH (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 田 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Days If LESS than to have occurred on the date stated above, et 4:00 The PRINCIPAL CAUSE OF DEATH and related causes of importance ____ min. Date of onset 8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. CUPATION may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... plnous On 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) carefully What test confirmed diagnosis?_ ----- Was there an autopsy? 10 MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury_____ 19. (State or country) Where did injury occur?_____ (Specify city or town, couoty and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods (Address) OF 18. BURIAL, CREMATION, OR REMOV Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV A	ì		
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

County Village or City Sellerton No. (If death occurred in a hospital or institution, give is NAME interest of a treet and number of the country of the c			THE CO	1,
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2. FULL NAME Carlion Castas Moorl. (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Reside	length of recidence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and	
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6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS than hrs. or min. 8. Trade, profession, or perticular limits of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done, as SILK MILL, Society of the work was done as SILK MILL, Society of the work was done to external causes (VIOLENCE) fill in elso the following: 13. NAME 14. BIRTHPLACE (city or town) (State or country) When test confirmed diagnosis? Wes there an eutopy (Specify city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Please SILK MILL, Society of the work were es follows: 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. AGE Yeers Months The PRINCIPAL CAUSE of the detail of the detail of the were es follows: 10. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: 10. The PRINCIPAL CAUSE OF DEATH and related causes of importance of importance of the were es follows: 10. The PRINCIPAL CAUSE OF DEATH and related causes of importance	HUSBAND of _ OA _ /	Enerow Invon		deceased fro
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20. FILED (Address) (Address)	20. FILED 22, 19.37 /	Helloch	(Signed) L. J. Charef	M

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis: 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA.

RE
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WITH UNFADING INK-THIS IS A PERMANENT RE
WIT

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1011
1. PLACE OF DEATH		
County Hent	200	
40 //	Registration Dist. No. 200	
Village or City Laboua Manyland	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME, instead of street and	number)
0 0 10	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Netta & Smith	If U. S. Veteran, specify WAR	**
(a) Residence: No	St., Ward,	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Flence Colored OR DIVORCED (write the word)	October 8	. 193.7
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HIICPAND of	22. HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of Wineman Smith	October 4 19 37, 10 October 1	
6. DATE OF BIRTH (month, day, and year) Dec. 10. 1893	1 last saw h a elive on October 18 , 19 27	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1230 pm.	; death is seid
The Look than	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
ormin,	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER.		
kind of work done, es SPINNER, Mod Junes	Gotte Ensufficience	1936
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	lulestite O lie white	1937
9112		
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Galena	other Countingery Causes of Importance;	
(State or country)		
13. NAME James A Carrol		
E		
[State or country]	Name of operation Date of	
San San Maria	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Crussa L. Yesler	23. If death was due to external causes (VIOL-ENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
E (State or country) Lalera maryland	Where did Injury occur?	
17. INFORMANT Sume Covroll 10	(Specify city or town, county and State Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLA	e)
(Address) Lalens Maryland	Specify whether injury occurred in Historiki, in Howit, of in Poblic PL	IUE.
18. BURIAL, CREMATION, OR REMOVAL	M	******
Place Lalena maryland Date Oct. 21 19.37	Manner of injury	
0	Nature of injury	
19. UNDERTAKER SSIAL DE MOOR	24. Was disease or injury In any way related to occupation of deceased?	no
(Address) misslottery, wela.	If so, specify	
20. FILED 1920 1912 Ke- Brief	(Signed) times L. Johns	M. D.
10. L. Registrat.	(Address) Elle Just	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.—WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	Man 1 1000	Other contributory causes of importance:	
Tutorores	May 1,1923	Gastroenteruts	1 year

N. B.-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

1. PLACE OF DEATH	E OF MAR	rland—	CERTIFICATE	JF DEAL	Н	11012
County Kens			(67.67)	Registration Dis	st No. 21	12
Village or City	of There		NoNo		St.	Ward
Length of residence in city or town	h where death occurred		death occurred in a hospital or institutionds. How long in U.S. if of		nstead of street and	
2. FULL NAME Lan	for they	ma Wa	elter			
(a) Residence: No. 2017	13 Cast	3/24" /	Destinor Wardel	If nonresident giv	ve city or town as	nd State
PERSONAL AND STA	ATISTICAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE O	OF DEATH	
3. SEX 4. COLOR OR RA		RIED, WIDOWED, (write the word)	21. DATE OF DEATH	talan (Month)	17	, 193 //(Year)
5a. If married, widowed, or divorced HUSBAND of					(503)	
(or) WIFE of last Pola	elbura Was	lten	22. IHEREBY	CERTIFY.	attende	
6. DATE OF BIRTH (month, day, and yea	D aug 11	1877	I last saw h alive on		~	, 4
	onths Days	If LESS than	to have occurred on the date stated			
60	1 18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causes	of Importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINN	NER. O	au (Date of onset
SAWYER, BOOKKEEPER, etc 9. Industry or business in which			- Ludde	~		
work was done, as SILK MIL SAW MILL, BANK, etc.	L,					det
kind of work done, as SPINM SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc. Do Date deceased last worked at this occupation (month apprear)	Span span	ne (years) t in this	Che age	ufy		
12. BIRTHPLACE (city or town)	Minn	27	Other Contributory Causes of Impor	rlance:		
(State or country)	9	ny	Cupper	Luce	<i>,</i>	ş
13. NAME GENTES	tredrie!					
13. NAME 14. BIRTHPLACE (city or town) (State or country)	German	1	Name of operation		Date of_	
(State of Country)	1.01	1	What test confirmed diagnosis?		Was there ar	n autopsy?
15. MAIDEN NAME CANO	une spas	al.	23. If death was due to external caus	es (VIOL ENCE) fill in	also the followi	ing:
16. BIRTHPLACE (city or town)	Ballon	d	Accident, suicide, or homicide? Where did injury occur?	Dat	te of injury	, 19
17. INFORMANT Albert 11 (Address) 2017	Aller Thus	hand	Specify whether injury occurred in	(Specify city or too INDUSTRY, in HOME	wn, county and St , or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Langemore	lam oge Och	2/,19.3.	Manner of injury			
19. UNDERTAKER Calph (Address)	X. Usel	tong	24. Was disease or injury in any wa	y related to occupation	on of deceased?	
20. FILED (S.L. / 8, 1937)	MAR. T. B.D.	urding Registrat.	(Signed) Taul	M. Suis	the loss	M.D.
		Acgistral.	(Addiess)	BARRETT ACTOR S		

OCTATE OF MADVI AND

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Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915 Attack		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		12 10 11	

AGE should be stated EXACTLY. PHYSICIANS should state MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND—	CEDTIFICATE OF DEATH
1. PLACE OF DEATH	11010
County Kerst	Registration Dist. No. 201
Village or City / Leveldyville RAD.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	().
2. FULL NAME JOHN HENRY MILES	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (20 rice the word) Male Colored marked.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wary & Milsone	22. DIHEREBY CERTIFY, That I spended deceased from 12, 1937, 19
6. DATE OF BIRTH Snood day, and year) July 28 / 873	t last saw handlive on 0 1 3 1937; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at
8. Trade, profession, or particular	were astellows. Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Och Och
9. Industry or business in which work was done, as SILK MILL, Farm Nork SAW MILL, BANK, etc.	72
10. Date deceased last worked at this occupation (month and year)	
12. BtRTHPLACE (city or town). Columna Sal	Other Coutributary Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) / rend - Co	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Suran Mule	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mary & Milson Wife (Address) Venus dispulle and R. T. L.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Delmassa med Date Oct 1-7-, 1927	Nature of injury
19. UNDERTAKER RECTELLOWS (Address) & 7 00 5 00 000000000000000000000000000	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Det 17, 1937 Medack Registrar.	(Signad) M. D. (Address) M. D.

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
i Al				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
No.				
	1			